

**ADMINISTRATOR, NEW MOTOR VEHICLE WARRANTIES  
CONSUMER PROTECTION OFFICE  
MONTANA DEPARTMENT OF ADMINISTRATION  
P.O. BOX 200501  
HELENA, MT. 59620-0501  
(406) 444-1588**

**REQUEST FOR ARBITRATION**

**A. CONSUMER INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone                      Home (\_\_\_\_\_) \_\_\_\_\_                      Work (\_\_\_\_\_) \_\_\_\_\_

**B. VEHICLE INFORMATION**

Vehicle Type \_\_\_\_\_  
(Passenger car, pickup truck, van, suv, etc.)

If vehicle is a truck    10,000 lbs. or less GVW                      (\_\_\_\_)  
   More than 10,000 lbs. GVW                      (\_\_\_\_)

Manufacturer \_\_\_\_\_  
(GM, Ford, Chrysler, etc.)

Make                      \_\_\_\_\_                      Model                      \_\_\_\_\_  
(Mercury, Plymouth, etc)                      (Taurus, Camero, etc)

Vehicle identification number (VIN) \_\_\_\_\_

Is the vehicle purchased (\_\_\_\_) or Leased (\_\_\_\_)

Was the vehicle purchased or leased in Montana?                      YES (\_\_\_\_)    NO (\_\_\_\_)

At the time of purchase or lease was the vehicle                      New                      (\_\_\_\_)  
   Used                      (\_\_\_\_)  
   Demonstrator                      (\_\_\_\_)

Is the vehicle primarily operated on the public streets and highways of the State of Montana?  
YES (\_\_\_\_)    NO (\_\_\_\_)

What was the date of delivery? \_\_\_\_\_

What was the mileage at the time of delivery? \_\_\_\_\_

On what date (Approx.) did the vehicle pass 18,000 miles? \_\_\_\_\_

If used, was the vehicle transferred to you by the original owner during the first 18,000 miles or within two years after the date of its original delivery? (Whichever occurred first)

YES (\_\_\_) NO (\_\_\_)

**If YES, complete the following - If NO continue to Section C**

a) Original owner's name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ ( ) \_\_\_\_\_

b) Actual date of delivery to original owner \_\_\_\_\_

c) Mileage at time of delivery to original owner \_\_\_\_\_

d) Date vehicle was transferred to you \_\_\_\_\_

e) Mileage at that time \_\_\_\_\_

f) Approximate date the vehicle passed 18,000 miles? \_\_\_\_\_

g) Do you still have possession of the vehicle? YES (\_\_\_) NO (\_\_\_)

h) What is the current mileage? \_\_\_\_\_

**C. SELLING, LEASING AND FINANCING INFORMATION**

g) Dealer/Lessor name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ ( ) \_\_\_\_\_

Lessor, bank or lending institution to which monthly payments are made

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ (      ) \_\_\_\_\_

**D. INFORMATION REGARDING VEHICLE DEFECT(S):**

List all problems other than routine and minor repairs and warranty issues that were first reported to the dealer or manufacturer during the first 18,000 miles of operation or within two years of the date of the vehicle's delivery, (whichever occurred first). Give the dates and mileage when reported. Attach a separate sheet if necessary.

PROBLEM	DATE FIRST REPORTED	MILEAGE
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____
(7) _____	_____	_____

Were there at least four (4) repair attempts for the same problem(s)? YES (\_\_\_) NO (\_\_\_)

If no, explain why \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was the mileage at the time of the fourth repair attempt? \_\_\_\_\_

Was manufacturer notified, **in writing**, after the fourth repair attempt? YES (\_\_\_) NO (\_\_\_)

If no, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, what was the date the manufacturer received notification? \_\_\_\_\_  
(Attach a copy of that notification)

Did the manufacturer make a final attempt to correct the problem(s)? YES (\_\_\_) NO (\_\_\_)

If no, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the problem(s) still exist? YES (\_\_\_) NO (\_\_\_)

List the dates of each of at least four repair attempts for the same problem(s) by the manufacturer's authorized dealer. Attach separate sheet if necessary.

	Problem	Date 1	Date 2	Date 3	Date 4
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Was the vehicle out of service for repairs to one or more of the problems described above for a cumulative total of thirty (30) business days?

YES (\_\_\_) NO (\_\_\_)

If you are relying on 30 days downtime, list the dates the vehicle was out of service due to repairs. Use additional sheets as necessary and attach all relevant work orders.

From \_\_\_\_\_ to \_\_\_\_\_ Number of days out of service \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Number of days out of service \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Number of days out of service \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Number of days out of service \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Number of days out of service \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Number of days out of service \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Number of days out of service \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Number of days out of service \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Number of days out of service \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Number of days out of service \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Number of days out of service \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Number of days out of service \_\_\_\_\_

Is (are) the problem(s) about which you are complaining the result of accident, abuse, neglect, or modification /alteration by someone other than the manufacturer's authorized dealer?

YES (\_\_\_) NO (\_\_\_)

Do you believe the defect(s) in your vehicle substantially impairs its use, safety or value?

YES (\_\_\_) NO (\_\_\_)

#### **E. PREVIOUS ARBITRATION**

Did you participate in a State-certified manufacturer's dispute settlement program?

YES (\_\_\_) NO (\_\_\_)

If yes, what was the name of the program? \_\_\_\_\_

Did that program render a decision? YES (\_\_\_) NO (\_\_\_)

If NO, explain \_\_\_\_\_

If YES, were you satisfied with their decision? YES (\_\_\_) NO (\_\_\_)

Date of final decision or action \_\_\_\_\_

(Attach a copy of the decision)

If you think you were injured by operation of a state-certified manufacturer's dispute settlement program, please describe by what procedure you were injured and how: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this your first request for arbitration by the Montana Department of Administration for this vehicle?

YES ( ) NO ( )

If NO, was a previous application withdrawn?

YES ( ) NO ( )

If NO, was a previous application rejected?

YES ( ) NO ( )

If neither withdrawn nor rejected, what occurred? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were you granted a hearing?

YES ( ) NO ( )

Case Number \_\_\_\_\_

If you had a hearing and were ruled against, please explain how your circumstances have changed to now qualify your vehicle for a refund or replacement. (Use a separate sheet of paper if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **F. RELIEF REQUESTED (Check one only)**

If successful, I prefer to receive

A Repurchase ( )

A replacement vehicle ( )

A Repair ( )

#### **G. INCIDENTAL EXPENSES**

Did you incur any reasonable expenses (e.g., towing, rental car, etc.) as a direct result of the defect, for which you were not reimbursed?

YES ( ) NO ( )

If YES, what is the total amount expended? \$ \_\_\_\_\_

*(Note: You will have to prove this amount at the hearing).*

## H. PRICE INFORMATION

a) If purchased in cash: (No financing-Attach copy of bill-of-sale)

- |   |    |       |
|---|----|-------|
| 1. Purchase price including trade-in allowance and deposit. | \$ | _____ |
| 2. Title and registration fees                              | \$ | _____ |
| 3. Total amount paid (1 + 2)                                | \$ | _____ |

b) If financed: (Attach copy of retail installment contract)

- |  |    |          |
|--|----|----------|
| 1. Purchase price excluding trade-in allowance and deposit | \$ | _____    |
| 2. Trade-in allowance.                                     | \$ | _____    |
| 3. Down-payment  | +  | \$ _____ |
| 4. Total monthly payments to date                          | +  | \$ _____ |
| 5. Title and registration fees                             | +  | \$ _____ |
| 6. Financing charges (If any)                              | +  | \$ _____ |
| 7. Total paid to date (2+3+4+5+6)                          | =  | \$ _____ |

a) If leased (Attach a copy of the lease agreement)

- |                                   |    |          |
|-----------------------------------|----|----------|
| 1. Trade-in allowance             | \$ | _____    |
| 2. Down payment                   | +  | \$ _____ |
| 3. Total monthly payments to date | +  | \$ _____ |
| 4. Title and registration fees    | +  | \$ _____ |
| 5. Total paid to date (1+2+3+4)   | =  | \$ _____ |

I prefer to present testimony

Orally (\_\_\_)  
In writing (\_\_\_)

## AGREEMENT TO ARBITRATE

I understand that I may be represented by private legal counsel in any arbitration hearing and that if I choose to be so represented my attorney must notify the Administrator, New Vehicle Warranties, Consumer Protection Office, Montana Department of Administration, of the name, address and telephone number of such counsel at least fourteen (14) days prior to the date of the scheduled arbitration hearing.

I understand that if I do not accept the arbitration panel's decision or if I am dissatisfied with the manufacturer's eventual performance, I may pursue other legal remedies. This arbitration procedure does not limit any other state or federal legal remedies available to me.

I further understand that if I accept the decision of the arbitration panel either party to the dispute may apply to a District Court of the State of Montana to have the award confirmed, vacated, modified or corrected, as provided in Montana Code Annotated 27-5-311, et seq., of the Montana Codes Annotated.

I understand that I shall have no contact, other than at the scheduled arbitration hearing, with any arbitrator assigned to this dispute and that all necessary communication shall be addressed to the Department of Administration.

I verify that the information provided herein is true, accurate and complete to the best of my knowledge. I understand that the Consumer Protection Office of the Department of Administration does not legally represent me in the arbitration proceeding or any other matter related to my vehicle. I may choose to retain counsel for purposes of this proceeding.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC for the State of Montana

Residing at \_\_\_\_\_, Montana

My commission expires: \_\_\_\_\_